

# Driver Application

**VANPOOL**

## King County Metro Public VanPool Program

Please complete all applicable questions and return to Metro VanPool with a completed Metro VanPool Participant Agreement.

1. VanPool No. \_\_\_\_\_ and/or Route To \_\_\_\_\_ From \_\_\_\_\_
2. Check one ☐ Driver ☐ Backup Driver
3. Name \_\_\_\_\_  
(First) (Full Middle) (Last)
4. Address \_\_\_\_\_  
(Number) (Street)  
\_\_\_\_\_  
(City) (ZIP) (Work Email Address)
5. How long have you lived at this address? \_\_\_\_\_ years \_\_\_\_\_ months
6. Phone: Work (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_
7. Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Month) (Day) (Year)
8. Employer's Name and Address \_\_\_\_\_  
\_\_\_\_\_
9. Job Title \_\_\_\_\_
10. Present Supervisor's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_
11. Length of Employment \_\_\_\_\_ (If less than 2 years, please complete the following.)  
Previous Employer \_\_\_\_\_  
Length of Employment \_\_\_\_\_ Last Supervisor \_\_\_\_\_
12. How long have you had a driver's license? \_\_\_\_\_ years \_\_\_\_\_ months
13. If you have driven a van before, for how long? \_\_\_\_\_ years \_\_\_\_\_ months
14. Do you currently have a valid and unrestricted Washington State Driver's License?  
☐ Yes ☐ No (explain) \_\_\_\_\_  
\_\_\_\_\_
15. Driver's License Number \_\_\_\_\_
16. Has an insurance company or companies ever refused, cancelled, refused to renew, or given notice of intention to cancel or refuse any automobile insurance for you?  
☐ No ☐ Yes (please answer the following) Name of Company \_\_\_\_\_  
☐ cancelled ☐ refused ☐ non-renewal  
Date \_\_\_\_\_ Reason \_\_\_\_\_  
\_\_\_\_\_
17. Have you ever had your automobile driver's license or privileges suspended, revoked or refused?  
☐ No ☐ Yes (explain) \_\_\_\_\_
18. Do you have a condition which may or does result in physical or mental impairment? (For example, but not limited to, sight in only one eye, missing limbs, deafness, paralysis, convulsive or seizure disorder, epilepsy, blackouts, diabetes, heart disease, etc.).  
☐ No ☐ Yes (please answer the following)  
Name or nature of condition \_\_\_\_\_  
Date of onset or last attack \_\_\_\_\_  
Years driving with condition or handicap \_\_\_\_\_  
Driving Aids \_\_\_\_\_  
Drugs or Medication \_\_\_\_\_  
Effect on Driving Ability \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_
19. Have you been convicted of driving while intoxicated or under the influence of drugs?  
☐ No ☐ Yes (explain) \_\_\_\_\_
20. Have you been required by any state to file evidence of Financial Responsibility (SR-22)?  
☐ No ☐ Yes (explain) \_\_\_\_\_
21. How many motor vehicle accidents of any type or any cause have you as an operator, been involved in during the past 3 years? \_\_\_\_\_  
Please give full details, including approximate dates, time of day, etc., on next page.

## Describe Accident #1

Date	Time	Driver	Violation (Type)
Who was at fault	Bodily Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Damage to your vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$	Damage to other property <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$
Description			

## Describe Accident #2

Date	Time	Driver	Violation (Type)
Who was at fault	Bodily Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Damage to your vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$	Damage to other property <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$
Description			

22. Indicate all driving violations or citations (other than parking) that you have been convicted of, forfeited bail or paid any fines for during the past 3 years. Please give full details, including approximate dates below:

A	Date	Time	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Location (City and State)
	Convictions	If Speeding Legal Limit:	m.p.h.	Your Speed m.p.h.
	Amount of Fine \$			
Remarks (May be continued on separate sheet)				
B	Date	Time	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Location (City and State)
	Convictions	If Speeding Legal Limit:	m.p.h.	Your Speed m.p.h.
	Amount of Fine \$			
Remarks (May be continued on separate sheet)				

23. How many cars do you own? \_\_\_\_\_

24. Do you have automobile insurance for your personal vehicle? ☐ Yes ☐ No

25. Name of Insurance Company and Policy Number \_\_\_\_\_

## 26. Commuting Travel Plans:

a. Origin of Trip \_\_\_\_\_  
(City) (County) (ZIP)

b. Final Destination \_\_\_\_\_  
(Street Address)

(City) (County) (ZIP)

c. How many miles is your entire commute each day, one-way? \_\_\_\_\_

d. What time do you arrive at work \_\_\_\_\_ ☐ a.m. ☐ p.m., leave work \_\_\_\_\_ ☐ a.m. ☐ p.m.

27. Are you requesting authorization for personal use of the Metro van? ☐ Yes ☐ No

28. If yes, please describe how you expect to use the van for your personal driving and how often. \_\_\_\_\_

29. Can you provide off-street parking for the van at your home? ☐ Yes ☐ No

30. Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

This Application warrants a credit check, employment verification and/or verification of motor vehicle record history.

Mail to: **Metro Rideshare Operations** or fax to 206-684-2166

YES-TR-0700

400 Yesler Way

Seattle, WA 98104-2683